

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/553216  
13 SEP 2006

922-09

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5	/		/			
6		/		/		
7	/		/			
8	/		/			
9	/		/			
10		2		2		
11	2		2			
12	2		2			
13	2		2			
14	/		/			
15	2		2			
16	2		2			
17	2		2			
18	2		2			
19	8		8			
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49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	25	↔	25	↔	↔	
TOTAL CLAIMS	32	↔	22	↔		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓			↓
TOTAL DEP.					↓	
TOTAL CLAIMS			↔		↔	↔